Case 22-01621-5-JNC Doc 33-1 Filed 08/18/22 Entered 08/18/22 14:57:48 Page 1 of

	Fill in this information to identify your case:					
Debtor 1	Natarsha First Name	Shanta Middle Name	Hardy Last Name			
Debtor 2 (Spouse, if filin	ng) First Name	Middle Name	Last Name			
United State	s Bankruptcy Court for	the: Eastern District of N	lorth Carolina			
Case numbe	22-01621-5-JI	NC .				

### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

any	additional pages, write your name and case nun	nber (if known).
Pa	t 1: List All of Your PRIORITY Unsecure	d Claims
1.	Do any creditors have priority unsecured claims	against you?
	No. Go to Part 2.	
	☑ Yes.	
2.	each claim listed, identify what type of claim it is. If a nonpriority amounts. As much as possible, list the c unsecured claims, fill out the Continuation Page of I	editor has more than one priority unsecured claim, list the creditor separately for each claim. For a claim has both priority and nonpriority amounts, list that claim here and show both priority and laims in alphabetical order according to the creditor's name. If you have more than two priority Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
	(For an explanation of each type of claim, see the ir	Total claim Priority Amount amount
2.1	Smith Debnab Narron Drake	Last 4 digits of account number 1 5 6 9 \$ 40,000.00 \$ \$\$
	Priority Creditor's Name	5 4 5 4 10 0 4 TT
Washington Co.	Saintsing, Myers LLP	When was the debt incurred? $01/01/2017$
C. (1)	Number Street PO Box 176010	and the last constitution of the claims in Check all that apply
	Raleigh NC 27619	As of the date you file, the claim is: Check all that apply.
page mes buyl to	City State ZIP Code	☑ Contingent
THE PERSON.	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed
- Arrange and the second secon	Debtor 1 only	Disputed
7.E0702-	Debtor 2 only	Type of PRIORITY unsecured claim:
and the same of th	Debtor 1 and Debtor 2 only	☐ Domestic support obligations
	At least one of the debtors and another	☐ Taxes and certain other debts you owe the government
and another the control of	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated
-	Is the claim subject to offset?	Other. Specify Credir Purchases
TO SECURE SECURITY SE	Ø No	
	Yes	
2.2	Midland Credit Management Priority Creditor's Name	Last 4 digits of account number 1 5 6 9 \$ 42,000.00 \$ \$
CONTRACTOR	350 Camino De La Reina	When was the debt incurred? 01/01/2017
	Number Street	
an saven	Suite 1000	As of the date you file, the claim is: Check all that apply.
	San Deigo CA 92108	Contingent
e recession in	City State ZIP Code	Unliquidated
- Anno	Who incurred the debt? Check one.	☐ Disputed
4	Debtor 1 only	Type of PRIORITY unsecured claim:
	Debtor 2 only	Domestic support obligations
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government
	☐ At least one of the debtors and another	Claims for death or personal injury while you were
Audit remove	☐ Check if this claim is for a community debt	intoxicated Crodit Purchases
	Is the claim subject to offset? ☐ No	Other. Specify Credit Purchases
	☑ Yes	

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Debtor 1

Natarsha

Hardy 27

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Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount Last 4 digits of account number 1 5 6 9 \$20,000.00 s Internal Revenue Service Priority Creditor's Name PO Box 7346 01/01/2018 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Philadelphia PA 19101 Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No Yes \$40,000.00 \$ 1 5 6 9 VIrginia Department of Taxation Last 4 digits of account number Priority Creditor's Name 1957 Westmoreland St. 01/01/2018 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent VA 23230 Richmond Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify\_ Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ■ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes

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Debtor 1

List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Last 4 digits of account number 1 5 6 9 Acceptance Now 1,000.00 Nonpriority Creditor's Name 01/01/2017 When was the debt incurred? 5501 Headquarters Dr. Number Street 75024 TX Plano As of the date you file, the claim is: Check all that apply. ZIP Code State City Contingent Who incurred the debt? Check one. Unliquidated Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Furniture Purchase **1** No Yes 1.500.00 5 Last 4 digits of account number 4.2 ARM Solutions 01/01/2017 When was the debt incurred? Nonpriority Creditor's Name PO Box Number Street As of the date you file, the claim is: Check all that apply. CA 93011 Carmarillo State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Credit Collection ☑ No Yes 4.3 Last 4 digits of account number <u>1 5 6 9</u> 18,000.00 Bank of America 01/19/2022 Nonpriority Creditor's Name When was the debt incurred? 100 North Tyron St Number NC 28255 Charlotte As of the date you file, the claim is: Check all that apply. ZIP Code State Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ■ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No Other. Specify Business Loan Yes

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Debtor 1

Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, nu	mber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
Capital One Bank			Last 4 digits of account number 1 5 6 9	\$_2,500.0
Nonpriority Creditor's Name			When was the debt incurred? 03/20/2007	
PO Box 30285  Number Street			<del>-</del>	
Salt Lake City	UT	84130	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☑ Contingent	
Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
<ul><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>			Student loans	
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a commun	nity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card	
Is the claim subject to offset?  ✓ No			Other. Specify Cledit Card	
Yes				
CenturyLink	er <u>ezentetti jaro</u> kon kantan kantan kin karikin	ak wakaza mililia iki senebaki sisteman dikele mbaliki salahin salahin salahin salahin salahin kelahin salahin	Last 4 digits of account number 1 5 6 9	\$ 2,000.
Nonpriority Creditor's Name			When was the debt incurred? 01/01/2017	
PO Box 4300 Number Street			——————————————————————————————————————	
Number Street Carol Stream	IL	60197	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
☑ Debtor 1 only			Sisperior Sisperior	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and another			Student loans	
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other Specify Phone Bill	
<ul><li>✓ No</li><li>☐ Yes</li></ul>				
Comenity Bank		processor un approved de couldes des des des des des des des des des	Last 4 digits of account number 1 5 6 9	<sub>\$_</sub> 3,500
Nonpriority Creditor's Name			When was the debt incurred? 01/01/2017	
PO Box 182273			when was the dept incurred?	
Number Street Columbus	ОН	43218	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check one.			Unliquidated	
Who incurred the debt? Check one.  Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and anothe	r		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a commu	unity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Credit Card	
☑ No				
☐ Yes				

 
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 Natarsha
 Shanta
 Hardy
 27
 Case number (if known)
 22-01621-5-JNC
 Debtor 1 First Name

Pa	t 2: List All of Your NONPRIORIT	Y Unse	ecured Claims			
3.	Do any creditors have nonpriority unsec	ured cla	alms against you?			
	<ul><li>No. You have nothing to report in this p</li><li>✓ Yes</li></ul>	art. Subi	mit this form to the	court with your other schedules.		
	List all of your nonpriority unsecured cla nonpriority unsecured claim, list the credito included in Part 1. If more than one credito claims fill out the Continuation Page of Par	r separa r holds a	tely for each claim.	For each claim listed, identify who	at type of claim it is. Do not	list claims aiready
						Total claim
4.1	Eastern Account Systems			Last 4 digits of account number	1 5 6 9	¢ 400.00
	Nonpriority Creditor's Name 111 Parkridge Rd.			When was the debt incurred?	03/01/2021	Ψ
	Number Street	;T	06804			
		ate	ZIP Code	As of the date you file, the claim	is: Check all that apply.	
	Who incurred the debt? Check one.			<ul><li>☑ Contingent</li><li>☑ Unliquidated</li></ul>		
	Debtor 1 only			Disputed		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsect	ıred claim:	
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a community	y debt		Obligations arising out of a sepa that you did not report as priority	ration agreement or divorce claims	
P-1000000000000000000000000000000000000	Is the claim subject to offset?			☐ Debts to pension or profit-sharin☐ Other. Specify Medical Bill	g plans, and other similar debts	
grand and a second	☑ No □ Yes			Other. Specify Wedlean Diff		
4.2	Elizabeth River Tolls	ett Merekolt senskapanan	porcum previocente madernos eservivos dependados das pastes atras tracción e servivos.	Last 4 digits of account number	1 5 6 9	\$ 2,200.00
	Nonpriority Creditor's Name			When was the debt incurred?	01/01/2022	
	309 Number Street					
	Portsmouth V	/A	27304	As of the date you file, the claim	is: Check all that apply.	
	3.17	ate	ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Check one.  Debtor 1 only			Disputed		
	Debtor 2 only			Type of NONPRIORITY unsec	ured claim:	
AND METATORISTICS.	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?			Obligations arising out of a sepathat you did not report as priority		
-				Debts to pension or profit-sharir	g plans, and other similar debts	6
Aprel and the Control of the Control	☑ No □ Yes			Other. Specify Toll Credit	Collection	
4.3		**************************************		and the section of th		
7.3	Jordon Bridge Nonpriority Creditor's Name	,,		Last 4 digits of account number When was the debt incurred?	01/01/2022	\$425.00
	2705 West Sam Houston Pkwy			Which was the dept mounted;		
		ГХ	77043	As of the date you file, the clair	n is: Check all that apply.	
		tate	ZIP Code	☑ Contingent		
	Who incurred the debt? Check one.  Debtor 1 only			☐ Unliquidated		
	Debtor 2 only			Disputed		
NAME OF THE OWNER.	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsec	ured claim:	
	At least one of the debtors and another			Student loans		
	Check if this claim is for a communit	ty debt		Obligations arising out of a sep that you did not report as priorit	aration agreement or divorce y claims	
A.A.A.Jeonoritisec	Is the claim subject to offset?  ☑ No			☐ Debts to pension or profit-shari ☐ Other. Specify Toll Collect		s
W	Yes			Other, Specify Toll Collect	0011	

Schedule E/F: Creditors Who Have Unsecured Claims

Filed 08/18/22 Entered 08/18/22 14:57:48 Page 6 of Hardy 27 Case number (# known) 22-01621-5-JNC Case 22-01621-5-JNC Doc 33-1 Natarsha Debtor 1 Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: **Total claim** After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Last 4 digits of account number 1 5 6 9 350.00 Klarna Nonpriority Creditor's Name 06/01/2021 When was the debt incurred? 629 N. High St. Number As of the date you file, the claim is: Check all that apply. Columbus OH 43215 ZIP Code State Contingent City Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other Specify Credit Card Purchase Is the claim subject to offset? **☑** No Yes \$ 1,500.00 Last 4 digits of account number 1 5 6 9 LVNV Funding Nonpriority Creditor's Name 01/01/2018 When was the debt incurred? PO Box 4300 Number As of the date you file, the claim is: Check all that apply. 60197 IL Carol Stream State ZIP Code Contingent City Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Collection Is the claim subject to offset? M No Yes \$20,000.00 Last 4 digits of account number 1 5 6 9 Nonpriority Creditor's Name 01/01/2017 When was the debt incurred? PO Box 530914 Number As of the date you file, the claim is: Check all that apply. 29603 SC Greenville ZIP Code Contingent City Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans

- At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

r		
м	NIc	١

Yes

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
  - Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Credit Card

 
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 Natarsha
 Shanta
 27
 Case number (if known)
 22-01621-5-JNC
 Debtor 1 First Name

Pa	rt 2: List All of Your NONPRIORITY Unsecured Claims	
3.	Do any creditors have nonpriority unsecured claims against you?	
	No. You have nothing to report in this part. Submit this form to the Yes	i de la companya de
	nonpriority unsecured claim, list the creditor separately for each claim.	rder of the creditor who holds each claim. If a creditor has more than one For each claim listed, identify what type of claim it is. Do not list claims already st the other creditors in Part 3.If you have more than three nonpriority unsecured
		Total claim
1.1	Merrick Bank	Last 4 digits of account number 1 5 6 9 400.00
	Nonpriority Creditor's Name	When was the debt incurred? 02/01/2016
	PO Box 9201 Number Street	Which was the dept incurred i
	Old Bethpage NY 11804	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one.	☑ Contingent ☐ Unliquidated
	Debtor 1 only	☐ Disputed
	☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
	Is the claim subject to offset?	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
	No	Other. Specify Credit Card
	☐ Yes	
4.2	Midland Credit Management	Last 4 digits of account number 1 5 6 9 \$ 42,000.00
	Nonpriority Creditor's Name	When was the debt incurred? 01/01/2022
	350 Camino De La Renia Suite 100	
	San Deigo CA 92108	As of the date you file, the claim is: Check all that apply.
	City State ZIP Code	Contingent
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed
	☑ Debtor 1 only ☐ Debtor 2 only	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce</li></ul>
***************************************	☐ Check if this claim is for a community debt	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
A STANSON STANSON	Is the claim subject to offset? ☑ No	Other. Specify Credit Card Purchases
The state of the s	Yes	
4.3	New York and Company	Last 4 digits of account number 1 5 6 9 350,00
	Nonpriority Creditor's Name	When was the debt incurred? 01/01/2018
	PO Box 650972 Number Street	
	Dallas TX 75265	As of the date you file, the claim is: Check all that apply.
	City State ZIP Code	☑ Contingent
	Who incurred the debt? Check one.	☐ Unliquidated
	Debtor 1 only Debtor 2 only	☐ Disputed
73700000	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
versus saccer-re-	At least one of the debtors and another	☐ Student loans
	☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
**************************************	☑ No □ Yes	other. Specify Credit Card Purchases

Debtor 1

Part 2:

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First Name	Middle Name	Last Name	<u>- 1</u>

Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this p	page, number thei	m beginning with	a 4.4, followed by 4.5, and so forth.	Tot	al clair
Old Navy			Last 4 digits of account number 1 5 6 9	\$	350
Nonpriority Creditor's Name 2 Folsum St.			When was the debt incurred? 01/01/2018		
Number Street San Fransico	CA	94105	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent ☐ Unliquidated		
Who incurred the debt? Chec	k one.		Disputed		
☑ Debtor 1 only ☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	1 0		☐ Student loans		
At least one of the debtors ar			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Check if this claim is for a ls the claim subject to offset	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card Purchase		
No	r		Other: Specify Ordan Card Furchase		
Yes					
Open Sky Bank	ett monte stad den stad film i med en men en me		Last 4 digits of account number 1 5 6 9	\$	250
Nonpriority Creditor's Name PO Box 660924			When was the debt incurred? 01/01/2017		
Number Street			As of the date you file, the claim is: Check all that apply.		
Dallas City	TX State	75266 ZIP Code	Contingent		
Who incurred the debt? Chec	J		☐ Unliquidated		
Debtor 1 only	ck one.		☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors ar			Student loans		
_			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Check if this claim is for	•		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset  No			☑ Other. Specify Credit Collection		
Yes				royeassaqoossassaqassassa	ange and a second consistence of a
Pier 1			Last 4 digits of account number <u>1</u> <u>5</u> <u>6</u> <u>9</u> .	\$	50
Nonpriority Creditor's Name			When was the debt incurred? 01/01/2017		
100 Pier 1 PL Number Street			As of the date you file, the claim is: Check all that apply.		
Fort Worth	TX State	75266 ZIP Code	Contingent		
•			Unliquidated		
Who incurred the debt? Chec	ck one.		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
☐ At least one of the debtors a	nd another		Obligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for	a community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset	1?		Other. Specify Credit Card		
☑ No					

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Debtor 1 First Name Last Name

Pa	art 2: List All of Your NONPRIORITY Unsecured	Claims
	Do any creditors have nonpriority unsecured claims ag  No. You have nothing to report in this part. Submit this  Yes	form to the court with your other schedules.
4.	nonpriority unsecured claim, list the creditor separately for	nabetical order of the creditor who holds each claim. If a creditor has more than one each claim. For each claim listed, identify what type of claim it is. Do not list claims already lar claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured
	_	Total claim
4.1	Port Allicance FCU Nonpriority Creditor's Name	Last 4 digits of account number 1 5 6 9 \$ 500.00
	5670 Raby Rd.	When was the debt incurred? 02/01/2015
	Norfolk VA 2350	
	City State ZIP Cod  Who incurred the debt? Check one.  ✓ Debtor 1 only	✓ Contingent ☐ Unliquidated ☐ Disputed
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	☐ Student loans
	☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce</li> <li>that you did not report as priority claims</li> </ul>
	Is the claim subject to offset? ☑ No	<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Loan</li> </ul>
	Yes	1 5 6 9 \$ 3,500.00
4.2	Portfolio Recovery Associates  Nonpriority Creditor's Name	Last 4 digits of account number $\frac{1}{01/01/2017}$ \$\\\ 3,500.00\$
SCHOOL STATE OF THE SCHOOL	120 Corporate Blvd Number Street Norfolk VA 235	As of the date you file, the claim is: Check all that apply.
	City State ZIP Cod	Contingent
The second secon	Who incurred the debt? Check one.  Debtor 1 only	☐ Unliquidated ☐ Disputed
200000000000000000000000000000000000000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card Purchases
	☑ No ☑ Yes	Other, Specify Oreal Coard 1 dionases
4.3	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number 1 5 6 9 \$ 23,000.00
TO STATE OF THE ST	140 Wekiva Springs Rd.	When was the debt incurred? 01/01/2017
	Longwood FL 327	As of the date voll file, the claim is: Check all that apply,
per production della compressione	Who incurred the debt? Check one.  ☑ Debtor 1 only  ☐ Debtor 2 only	<ul><li>☑ Contingent</li><li>☑ Unliquidated</li><li>☑ Disputed</li></ul>
A CANAL TRANSPORTER PROPERTY.	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  Student loans
Andrews and the second	☐ Check if this claim is for a community debt  Is the claim subject to offset?	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>
and the second s	✓ No ☐ Yes	Other. Specify <u>Credit Card Purchases</u>

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u	ΒL	ж	и

isting any entries on this page	, number the	m beginning with	4.4, followed by 4.5, and so forth.	Tota	l claim
Inlimited Vacation Club			Last 4 digits of account number 1 5 6 9	<sub>\$_7,</sub>	0.00
onpriority Creditor's Name			When was the debt incurred? 01/01/2019		
450 Sunset Dr.					
an Fransico	CA	94105	As of the date you file, the claim is: Check all that apply.		
ty	State	ZIP Code	<ul><li>✓ Contingent</li><li>✓ Unliquidated</li></ul>		
/ho incurred the debt? Check one	).		☐ Disputed		
Debtor 1 only			To a of NONDBIODITY unacquired claims		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and an	other		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>		
_			you did not report as priority claims		
Check if this claim is for a cor	nmunity debt		□ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Crd Membership		
the claim subject to offset?  No			Other. Specify Credit Crd Membership		
Yes					
Ulta	la de la companya de		Last 4 digits of account number 1 5 6 9	\$	250.
onpriority Creditor's Name			When was the debt incurred? 01/01/2017		
O Box 650964					
umber Street Dallas	TX	75265	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Ut - In course of the state O Observe on			Unliquidated		
Who incurred the debt? Check one	<del>3</del> .		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and an	other		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a co	nmunity debt		you did not report as priority claims		
s the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Collection		
No			Calor. Opcony		
Yes	enassa eerasaanaeviiksi kikki kalkilakatuuruk finansi kriikatuuruk			# \$6.456.85.000 PF-Q000FB215-10	
Valmart			Last 4 digits of account number 1 5 6 9	\$	300.
onpriority Creditor's Name			When was the debt incurred? 01/01/2017		
PO Box 530927			A set the state was tile the states in Charle III that onely		
Atlanta	GA	30353	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	☐ Contingent ☐ Unliquidated		
Vho incurred the debt? Check on	e.		Disputed		
Z Debtor 1 only			•		
Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:		
Debtor 1 and Debtor 2 only  At least one of the debtors and an	othor		☐ Student loans		
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
☐ Check if this claim is for a co	mmunity debt		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			Other Specify Credit Card		
<b>⊿</b> No					

Debtor 1

Case 22-01621-5-JNC Doc 33-1 Filed 08/18/22 Entered 08/18/22 14/57: 48 JNC Page 11
Natarsha Middle Name Last Name of 27

Pa	rt 2: List All of Your NONPRIORITY Uns	ecured Claims		
3.	Do any creditors have nonpriority unsecured cl	aims against you	1?	
	No. You have nothing to report in this part. Sub	mit this form to the	e court with your other schedules.	
	✓ Yes			
4.	nonpriority unsecured claim, list the creditor separa	itely for each clain	order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three nor	list claims already
				Total claim
4.1	Wayfair		Last 4 digits of account number 1 5 6 9	, recursive systematical and a con-
	Nonpriority Creditor's Name		00/04/0047	\$2,000.00
	PO Box 182118		When was the debt incurred? U2/01/2017	
	Number Street Columbus OH	43218		
	City State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
per la constitución de la consti			☑ Contingent	
000000000000000000000000000000000000000	Who incurred the debt? Check one.		Unliquidated	
	☑ Debtor 1 only ☐ Debtor 2 only		☐ Disputed	
· · · · · · · · · · · · · · · · · · ·	Debtor 2 only  Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
mar-moral	☐ At least one of the debtors and another		☐ Student loans	
-	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	☑ No		✓ Other. Specify Credit Card Purchases	
	☐ Yes			
4.2			Last 4 digits of account number	\$
	Nonpriority Creditor's Name		When was the debt incurred?	
7			_	
***************************************	Number Street		As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
-	Who incurred the debt? Check one.		Unliquidated	
- Anna Anna Anna Anna Anna Anna Anna Ann	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		☐ Student loans	
water control	_		Obligations arising out of a separation agreement or divorce	
ANY WALKETS ALLEY UT.	Check if this claim is for a community debt		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	<b>;</b>
DAMON CONTRACTOR OF THE PARTY O	Is the claim subject to offset? ☐ No		Other. Specify	
	☐ Yes			
4.3			Last 4 digits of account number	
	Nonpriority Creditor's Name		When was the debt incurred?	\$
			- Wileli was the dest mountain	
	Number Street			
	City State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
35.252	Who incurred the debt? Check one.		☑ Contingent	
	☑ Debtor 1 only		☐ Unliquidated ☐ Disputed	
	Debtor 2 only		_ 2.00000	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
Participation of the Participa			☐ Student loans	
- daysomecon week	☐ Check if this claim is for a community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
anvisoorii maa	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
www.comadadada	☐ Yes		✓ Other. Specify	
2000				

Debtor 1

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Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

Smith Denab Narron	Drake Sainsti	ng Myers	On which entry in Part 1 or Part 2 did you list the original creditor?					
LLP			Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Clair					
PO Box 176010			1 5 6 0					
Raleigh	NC	27619	Last 4 digits of account number <u>1</u> <u>5</u> <u>6</u> <u>9</u>					
City	State	ZIP Code						
Midland Credit Manag	gement		On which entry in Part 1 or Part 2 did you list the original creditor?					
350 Camino De La R	eina		Line 2.2 of (Check one): W Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured					
Suite 1000			Claims					
San Deigo	CA State	92108 ZIP Code	Last 4 digits of account number 1 5 6 9					
Internal Revenue Se	rvice		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			Line 2.3 of (Check one): A Part 1: Creditors with Priority Unsecured Claims					
PO Box 7346			Part 2: Creditors with Nonpriority Unsecured					
Turned.			Claims					
Philadelphia	PA State	19101 ZIP Code	Last 4 digits of account number 1 5 6 9					
The figure and the contraction of the fact that the second we give a second to the sec	and and work of the house of the caregraphy specificating to	ZIF COUE	proposed to the second					
Virginia Department	of Laxation		On which entry in Part 1 or Part 2 did you list the original creditor?					
1957 Westmoreland	St		Line 2.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured					
			Claims					
Richmond	VA	23230	Last 4 digits of account number 1 5 6 9					
City	State	ZIP Code						
			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name								
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims					
			Claims					
			Last 4 digits of account number					
City	State	ZIP Code						
Namo			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured					
			Claims					
			Look Adduktor of account windless					
City	State	ZIP Code	Last 4 digits of account number					
Namo	and the second s		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured					
			Claims					
· · · · · · · · · · · · · · · · · · ·		***************************************						
City	State	ZIP Code	Last 4 digits of account number					
Oity	Glate	Zii Oode						

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claims** from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.
- **Total claims**

from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- **Total claim**
- 6a.
- 160,000.00 6b.
- 6c.
- 82,000.00
- 6e. 242,000.00

#### Total claim

- 6f.
- 6g.
- 6h.
- 133,725.00 6i.
- 133,725.00

page

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Debtor	Natarsha	Shanta	Hardy					
20210.	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse If filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: Eastern District of North Carolina								
Case number	22-01621-5-JI	NC						
	22-01621-5-JI	NC						

Check if this is an amended filing

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

reigni of collibativ with whom you have the contract or ica	erson or company with whom you have the contract or	or ieas
---	---	---------

State what the contract or lease is for

2.1	Name				
	Number	Street			
	City	ALL proportions of the second contract of the	State	ZIP Code	t English of the Service was have a second supplied to the manuscript of the Service of the Serv
2.2					
	Name				
	Number	Street			
	City	odesetros curtados previos espetas previos por 190	State	ZIP Code	erren et skillet skillet skillet var in diskativat
2.3	N				
	Name				
	Number	Street			
lector of the same	City		State	ZIP Code	that the fill max to x graphes seed on the good and of a con-
2.4	Name				
	Number	Street			
	City		State	ZIP Code	
2.5	Name			-	
	Number	Street			
VALUE AND THE PROPERTY OF THE		Olleot			
The same	City		State	ZIP Code	

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Debtor 1

Natarsha First Name Shanta

Hardy

Case number (# known) 22-01621-5-JNC

### Additional Page if You Have More Contracts or Leases

Last Name

Person or company with whom you have the contract or lease

Middle Name

What the contract or lease is for

2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2	######################################	auwe i sa asana waa matawaa ara'i mandii waa sa ara'i dha'i dhaa ara	Add to the Europe field and age of the Europe securities are all the Confession of t		
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	NEGOWSKINSKY WY POŚLIŚCE W WYGONOWY W SECHNOLOGU WY WYGONOWY WY WYGONOWY WY W
2					
	Name				
***************************************	Number	Street			
	City		State	ZIP Code	
2	90 APAGE 11 40 30 40 70 50 8 30 ( 144 70)	9 YOUR PROPERTY OF THE PROPERT			
	Name				
	Number	Street			
	City		State	ZIP Code	
2			A color and a color and a second and a second		
	Name				
	Number	Street			
	City		State	ZIP Code	
2	economica establismo est	egy v voetnimisen ponti resse semente v v v v	CONTRACTOR STREET, STR		errerentaminististerikkiries terin kuri terkonstruktur errotus.
	Name				
	Number	Street			
	City		State	ZIP Code	
2	en en englandelektro-rektioneren er				endelendalitaspectizaçõe, antimorbilitar en artico
	Name				
wdau.dubweerreera.oo	Number	Street			
	City		State	ZIP Code	

## Case 22-01621-5-JNC Doc 33-1 Filed 08/18/22 Entered 08/18/22 14:57:48 Page 16 of 27

Fill in this information to identify your case:								
Debtor 1	Natarsha	Shanta	Hardy					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing	) First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: Eastern District of North Carolina								
Case number	22-01621-5-J	NC						
(If known)								

☐ Check if this is an amended filing

#### Official Form 106H

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you have any codebtor	rs? (If you are filing a joint case, do n	ot list either spouse a	s a codebtor.)						
	No No									
	Yes									
2.	<ol> <li>Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)</li> </ol>									
		Louisiana, Nevada, New Mexico, Fue	ito rico, Texas, was	miligion, and wisconsin.)						
	No. Go to line 3.	ormer spouse, or legal equivalent live	with you at the time?	7						
	No No	offiler spouse, or legal equivalent live	, with you at the time.	•						
		nunity state or territory did you live?		. Fill in the name and current address of that person.						
				_						
	Name of your spouse, for	rmer spouse, or legal equivalent								
	Number Street			-						
	,,_,,									
on and an	City	State	ZIP Code	-						
3.	In Column 1. list all of you	r codebtors. Do not include your s	spouse as a codebto	r if your spouse is filing with you. List the person						
	shown in line 2 again as a	a codebtor only if that person is a	guarantor or cosigne	er. Make sure you have listed the creditor on						
			n 106E/F), or Schede	ule G (Official Form 106G). Use Schedule D,						
	Schedule E/F, or Schedul	e G to fill out Column 2.								
***************************************	Column 1: Your codebtor	r		Column 2: The creditor to whom you owe the debt						
				Check all schedules that apply:						
3.1										
0,1	Name			Schedule D, line						
				Schedule E/F, line						
	Number Street			☐ Schedule G, line						
	City	State	ZIP Code	The state of the s						
3.2				D 0 1 - 1 1 D 11						
	Name			Schedule D, line						
-				Schedule E/F, line						
	Number Street			☐ Schedule G, line						
	City	State	ZIP Code							
3.3				D Schodulo D line						
	Name ·			Schedule D, line						
Report State of State	Number Street									
***************************************	Milliper Street			Schedule G, line						
***************************************	City	State	ZIP Code							

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Debtor 1

Natarsha First Name Shanta Last Name

Middle Name

Hardy

Case number (# known) 22-01621-5-JNC

(	Column 1: Y	our codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3					Cabadula D. lina
	Name				<ul><li>Schedule D, line</li><li>Schedule E/F, line</li></ul>
					Schedule G, line
	Number	Street			Gonedale O, line
	City		State	ZIP Code	estratura interestructura e e e componente componente que se constituir de promobilista com e promobilista com
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
					_
	City		State	ZIP Code	C. NORW BIS BRANCOT SERVES MANAGEMENT TO STREET TO SERVES TO STREET TO STREET THE SERVES AND SERVES
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
	City	A CONTRACTOR OF THE CONTRACTOR	State	211 0000	
3	Name				Schedule D, line
	Ivanie				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City	Charles Construction of the Construction of th	State	ZIP Code	AND THE PARTY OF T
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3	Olly	communication and the anticological form of the anticological section of the control of the cont	gga y juganda jangan ng gapanta ng juganda pan na gamanan na nan-ar-ar-ar-daharan na nan-ar-ar-ar-ar-ar-ar-ar-	and the second s	
	Name				Schedule D, line
					Schedule G, line
	Number	Street			Contoduc of mile
	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
3	City		State	ZIP Code	
	Name				Schedule D, line
	Harrie				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	0"		State	ZIP Code	
	City		State	ZIP CODE	

Fill in this i	nformation to identify y	your case:				
Debtor 1	Natarsha	Shanta	Hardy			
	First Name	Middle Name	Last Name		:	
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name			
United States	s Bankruptcy Court for the: E	Eastern District of North Ca	rolina			
Case number	<sub>r</sub> 22-01621-5-JNC				Check if th	is is:
(ii kilowii)					An ame	
						lement showing postpetition chapter 13 as of the following date:
	form 106l				MM / DE	D/ YYYY
Sche	dule I: You	ır Income				12/15
supplying co	orrect information. If you parated and your spou	ou are married and not fil se is not filing with you, top of any additional pa	ing jointly, and you do not include info	ur spou ormatic	use is living with yo on about your spou	r 2), both are equally responsible for ou, include information about your spouse use. If more space is needed, attach a nown). Answer every question.
1. Fill in yo informat	ur employment ion.		Debtor 1			Debtor 2 or non-filing spouse
attach a	ve more than one job, separate page with on about additional rs.	Employment status	☐ Employed	ed	denatempol movilini kisa di Arak Gilland Statu Catalon and maliferia di Arak Gilland Statu Catalon and Arak Arak	☐ Employed ☐ Not employed
Include p	part-time, seasonal, or loyed work.			_		
Occupati	ion may include student maker, if it applies.	Occupation	Mental Healtr	i Coui	nselor (Owner)	
		Employer's name	Community E	mpov	verment LLC	
		Employer's address	4433 Godwin Number Street Suite E	Blvd.		Number Street
			Suffolk	State	VA 23434 ZIP Code	City State ZIP Code
		How long employed the	ere? 8 years			8 years
Part 2:	Give Details About	Monthly Income				
spouse u If you or	unless you are separated your non-filing spouse h		er, combine the info			rite \$0 in the space. Include your non-filing or that person on the lines
					For Debtor 1	For Debtor 2 or non-filing spouse
		ary, and commissions (b calculate what the monthl		2.	\$_11,200.00	\$
3. Estima	te and list monthly ove	rtime pay.		3.	+\$0.00	+ \$
4. Calcula	ate gross income. Add l	ine 2 + line 3.		4.	\$ <u>11,200.0</u> 0	\$

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

Natarsha

Shanta

Hardy

Case number (if known) 22-01621-5-JNC

		For	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4.	\$	11,200.00	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
5b. Mandatory contributions for retirement plans	5b.	Ψ \$	0.00	\$	and the second
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	
5e. Insurance	5e.	\$ \$	500.00	\$	
5f. Domestic support obligations	5f.	\$	0.00	\$	
		\$ \$	0.00	\$	
5g. Union dues	5g.		0.00	_	
5h. Other deductions. Specify:	5h.	+\$_		+ \$	
6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	11,200.00	\$	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	\$	***************************************
8b. Interest and dividends	8b.	\$_	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	
8d. Unemployment compensation	8d.	\$_	0.00	\$	
8e. Social Security	8e.	\$_	0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	nce 8f.	\$_	0.00	\$	
8g. Pension or retirement income	8g.	\$	0.00	\$	
8h. Other monthly income. Specify:	8h.	+\$	0.00	+\$	
		Ψ_			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00	\$	
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	. \$_	11,200.00	+ \$:	<b>=</b> \$ 11,200.00
11. State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, friends or relatives.			dents, your roo	mmates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are Specify:				nses listed in <i>Schedule J</i> . 	+ \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain	e resu Statis	It is the	e combined mo	onthly income. applies 12.	\$11,200.00
			•		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this No.				00/110 40:	- d
Yes. Explain: income varies based on referrals for Mental H	ealth	Serv	rices. Since	וועטט-זש income ha	s decreased.

Fill in this	information to ident	ifv your case:					
Debtor 1	Natarsha	Shanta	Hardy		thin !-:		
Debior 1	First Name	Middle Name	Last Name	Check if			
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name	1	mended fil	-	1915 or all and an 40
United State	s Bankruptcy Court for t	he: Eastern District of No	orth Carolina			showing postp the following	etition chapter 13 date:
	<sub>er</sub> 22-0162-5-JN0				DD / YYYY		auto.
(ii known)							
	Form 106J						
<u>Sche</u>	dule J: Y	our Expen	ses				12/15
nformation	llete and accurate as . If more space is no Answer every quest	eeded, attach another s	ed people are fili sheet to this form	ng together, both are equall . On the top of any addition	y responsi al pages, w	ble for supplyi rite your name	ng correct e and case number
Part 1:	Describe Your I	lousehold					
ls this a j	oint case?						
	Go to line 2. Does Debtor 2 live ir	n a separate household	l?				
	☐ No ☐ Yes. Debtor 2 mus	st file Official Form 106J	-2, Expenses for S	eparate Household of Debtor	2.		
Do you h	ave dependents?	<b>☑</b> No		Dependent's relationship to		Dependent's	Does dependent l
Do not list Debtor 1 and Debtor 2.		Yes. Fill out the each dependent	is information for nt	Debtor 1 or Debtor 2	TO A STATE OF THE	age	with you?
Do not state the dependents' names.				-		Yes	
					-		□ No
							☐ Yes
							☐ No
					•		Yes
							☐ No
							Yes
expense	expenses include s of people other th and your dependen		·		er e ayay yanganan	, annagana y y y y y a negeryere art y 100 d d d d d d0000000000000000000000	ng than go guideach ann a mha thinn a strainn a strainn a strainn an strainn an strainn an strainn an strainn
Part 2:	Estimate Your O	ngoing Monthly Exp	enses				
				are using this form as a sup	plement in	a Chapter 13	case to report
expenses a	as of a date after the	bankruptcy is filed. If	this is a supplem	ental <i>Schedule J</i> , check the	box at the	top of the for	n and fill in the
		non-cash governmen uded it on Schedule I:				Your expe	enses
4. The ren	tal or home owners	hip expenses for your		e first mortgage payments and		\$	2,400.00
-	t for the ground or lot				4.	-	
_	ncluded in line 4:				4a.	\$	0.00
,	eal estate taxes				4a. 4b.	Ψ \$	0.00
	•	, or renter's insurance				ψ	250.00
		pair, and upkeep expens			4c.	φ	0.00
4d. He	omeowner's associati	on or condominium dues	3		4d.	\$	0.00

Debtor 1

Natarsha First Name

Shanta

Middle Name

Hardy

Case number (if known) 22-0162-5-JNC

			Your exp	penses
,	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
5.		0.		
6.	Utilities:	6a.	\$	450.00
	6a. Electricity, heat, natural gas	6b.	\$	60.00
	<ul><li>6b. Water, sewer, garbage collection</li><li>6c. Telephone, cell phone, Internet, satellite, and cable services</li></ul>	6c.	\$.	350.00
		6d.	\$ \$	
7	6d. Other. Specify: Food and housekeeping supplies	7.	\$	200.00
7.		8.	\$	0.00
8.	Childcare and children's education costs	9.	Ψ \$	75.00
9.	Clothing, laundry, and dry cleaning	10.	\$	250.00
10.	Personal care products and services	11.	\$	250.00
.11.	Medical and dental expenses		Ψ	
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	1,500.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
14.	Charitable contributions and religious donations	14.	\$	200.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	500.00
	15c. Vehicle insurance	15c.	\$	300.00
	15d. Other insurance. Specify: Home Warranty	15d.	\$	180.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	Installment or lease payments:			970.00
	17a. Car payments for Vehicle 1	17a.	\$	870.00
	17b. Car payments for Vehicle 2	17b.		0.00
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	10.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor	1 1	Natarsha	Shanta		Hardy	С	ase number (if know	<sub>n)</sub> 22-0	)162-5-JNC	
		First Name	Middle Name	Last Name						
21. <b>O</b>	ther. S	pecify:				_		21.	+\$	0.00
22. <b>C</b>	alculate	your mont	hly expense	s.						
22	a. Add	lines 4 throu	gh 21.	•				22a.	\$	7,005.00
22	b. Cop	y line 22 (mo	nthly expens	es for Debtor 2), if	any, from Official Form	106J-2		22b.	\$	0.00
22	c. Add	line 22a and	22b. The re	sult is your monthly	y expenses.			22c.	\$	7,005.00
										\$45000000000000000000000000000000000000
23. <b>Ca</b>		your month	•		rom <i>Schedule I.</i>			23a.	\$	11,200.00
231		by line 12 (your combined monthly income) from Schedule I.  23a by your monthly expenses from line 22c above.  23b						23b.	- \$	11,200.00
230		btract your monthly expenses from your monthly income. e result is your <i>monthly net income</i> .						23c.	\$	4,195.00
24. <b>D</b> o	you e	xpect an inc	rease or de	crease in your ex	penses within the year	r after you file	e this form?			
					car loan within the year o					
	No.					manage provided at all all all all	14			
	Yes.	Explain here: Income continues to be at a steady decline due to COVID 19 and dec Mental Health Services. Office and contacts have to be paid monthy r rendered.						rease in referather service	rrals for es are being	

Fill in this inf	Fill in this information to identify your case:						
Debtor 1	Natarsha First Name	Shanta Middle Name	Hardy Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: Eastern District of North Carolina							
Case number <u>22-01621-5-JNC</u> (If known)							

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C	
Creditor's Citizens Mortgage	☐ Surrender the property.	☐ No	
idille.	Retain the property and redeem it.	Yes	
Description of Residence (Home) property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
ecuring dobt.	Retain the property and [explain]:		
Creditor's	☐ Surrender the property.		
Chase Auto Fiance	Retain the property and redeem it.	☑ Yes	
Description of 2017 GMC Yukon XL property	Retain the property and enter into a Reaffirmation Agreement.		
securing debt:	Retain the property and [explain]:		
Oreditor's	☐ Surrender the property.	□ No	
name:	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
Scouring door.	☐ Retain the property and [explain]:		
Creditor's	☐ Surrender the property.	——————————————————————————————————————	
name:	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
securing debt.	Retain the property and [explain]:		

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Debtor 1

Natarsha First Name

Middle Name

Shanta Last Name Hardy

Case number (If known) 22-01621-5-JNC

Describe your unexpired personal property leases	Will the lease be assumed?
essor's name:	□ No
escription of leased operty:	Yes
essor's name:	□ No
escription of leased operty:	Yes
essor's name:	□ No
escription of leased operty:	☐ Yes
essor's name:	□ No □ Yes
escription of leased roperty:	Tes
essor's name:	No
escription of leased roperty:	Yes Yes
essor's name:	□ No
escription of leased roperty:	Yes
essor's name:	□ No
rescription of leased roperty:	☐ Yes
3: Sign Below	
der penalty of perjury, I declare that I have indicated my intention about any prop	erty of my estate that secures a debt and any

Doc 33-1 Filed 08/18/22 Entered 08/18/22 14:57:48 Page 25 Case 22-01621-5-JNC Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: Hardy Natarsha Shanta Debtor 1 1. There is no presumption of abuse. Debtor 2 (Spouse, If filing) First Name 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 v United States Bankruptcy Court for the: Eastern District of North Carolina Means Test Calculation (Official Form 122A-2). Case number <u>22-01621-5-J</u>NC 3. The Means Test does not apply now because of (If known) qualified military service but it could apply later. Check if this is an amended filing Official Form 122A-1 **Chapter 7 Statement of Your Current Monthly Income** 12/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. ☐ Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31, If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions \$ 11,200.00 (before all payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, Gross receipts (before all deductions) Ordinary and necessary operating expenses Copy Net monthly income from a business, profession, or farm 6. Net income from rental and other real property Debtor 1 Debtor 2 \$\_ Gross receipts (before all deductions) Ordinary and necessary operating expenses

Copy

Net monthly income from rental or other real property

7. Interest, dividends, and royalties

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tor 1	Natarsha First Name Middle Name	Shanta Last Name	Hardy	Case number (if known) 22	2-01621-5-JNC	
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
B. Unem	ployment compensation	1		\$()	\$	
Do no	t enter the amount if you	contend that the amo	unt received was a benefit			
	the Social Security Act. Ir					
	your spouse					
9. Pensi benefi not ind United disabi pay pa does i	on or retirement income it under the Social Securit clude any compensation, l d States Government in co- lity, or death of a member aid under chapter 61 of tit	e. Do not include any y Act. Also, except as pension, pay, annuity onnection with a disale of the uniformed serile 10, then include the retired pay to which y	amount received that was a setated in the next sentence, do not not not next sentence, do not not next sentence next sen	i	\$	
10. <b>Incon</b> Do no as a v terrori States death	ne from all other sources t include any benefits reco rictim of a war crime, a cri sm; or compensation, per s Government in connection	s not listed above. Selved under the Social me against humanity, on the social median, pay, annuity, on with a disability, commed services. If necessity	Specify the source and amount. al Security Act; payments receiv, or international or domestic r allowance paid by the United ombat-related injury or disability, essary, list other sources on a			
				\$	\$	
				\$	\$	
Tota	l amounts from separate p	pages, if any.		+ \$	+ \$	
	late your total current n n. Then add the total for (  Determine Whether	Column A to the total		\$ <u>BO.DO</u>	+ \$	Total current monthly income
12. Calcu	late your current month	ly income for the ye	ear. Follow these steps:		ge.	comment of the second
12a.	Copy your total current m	nonthly income from I	ine 11	c	opy line 11 here →	\$11.200
	Multiply by 12 (the numb	er of months in a yea	r).			<b>x</b> 12
12b.	The result is your annual	income for this part	of the form.		12b.	\$ 154,400
13 Calcu	ulate the median family i	ncome that applies	to you. Follow these steps:			
	the state in which you live		NC			
Fill in	the number of people in y	our household.			Г	00 101
			ize of household		13.	\$ <u>30,100</u>
To fin instru	nd a list of applicable medi actions for this form. This I	ian income amounts, ist may also be availa	go online using the link specifie able at the bankruptcy clerk's off	d in the separate ice.		
14. <b>How</b>	do the lines compare?					
14a. 🕻	Line 12b is less than of Go to Part 3. Do NOT		n the top of page 1, check box 1 Form 122A-2	, There is no presumpt	ion of abuse.	
14b. 🕻	Line 12b is more than Go to Part 3 and fill ou		f page 1, check box 2, <i>The pres</i>	umption of abuse is de	termined by Form 122/	4-2.

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Debtor 1	Natarsha First Name Middle Nam	Shanta ne Last Name	Hardy	Case number (if known) 22-01621-5-JNC
Part 3:	Sign Below		. ^	
	By signing here, I de	clare under penalty of r	perjury that the inform	ation on this statement and in any attachments is true and correct.
	* \d	bush	A	<b>x</b>
	Signature of Debtor	( <b>)</b>		Signature of Debtor 2
	Date MM / DD	2002		Date MM / DD / YYYY
	If you checked lir	ne 14a, do NOT fill out o	or file Form 122A-2.	
NT CONTROL OF THE CON	If you checked lir	ne 14b, fill out Form 122	2A–2 and file it with th	is form.